

Washington State Parks And Recreation Commission Clean Vessel Program

Year: _____



Annual Request for O&M Reimbursement

| Marina: | | | | | | | | Agreement # | | | | | | |
|---------------------------------|---------------|--------------|------------|-----------------------|---------------|-----------|----------------|--------------|--------|----------------|------------------------------------|---|--|--|
| Addr | ess | | | | | | | | | | | | | |
| E-Mail Address: | | | | | | | | Phone: | | | | | | |
| Conta | act F | Person |) = | | | | | | | | | | | |
| vend | or or | staff | perso | - | nsert t | he tot | al ite | em e | | _ | | umn identify the 1/25 percent match. | | |
| Ite | | m | | Vendo | f | Total C | | Cost | | r 25% atch | State Parks Clean Vessel 75% | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | Continu | ue on i | next s | heet | if y | ou nee | ed more | space | | | |
| Agen | cy In | forma | tion C | Only: | | | | | | | | | | |
| Prepared by | | | | Telephone No | | Date | | Agency appro | | oval | | Date | | |
| oc Date | | Pmt Due Date | | Current Ref No Doc | | Vendor No | | | | Vendor Message | | UBI No. | | |
| Ref Doc | Trans Code | | Fund | Master Index B9600 | Sub Obj NZ | | City/To MOS | own | Proj | Sub Proj | Amount | Invoice No | | |
| Accounting Approval For Payment | | | | Date | <u> </u> | <u> </u> | | Warrant | Total | Warrant No | | | | |

| Item | Vendor/staff | Total Cost | Your 25% Match | State Parks Clean Vessel 75% |
|--------|--------------|------------|-------------------|------------------------------------|
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| Totals | | | | |

Return this request for reimbursement along with copies of your paid invoices. For staff time a listing of employees, their salary, and total amount used for operation and maintenance, on your letter head, will provide sufficient documentation.

Questions: 360-902-8659

Al Wolslegel, Clean Vessel Coordinator Washington State Parks Boating Program PO Box 42654, Olympia WA 98504-2654